

111TH CONGRESS
1ST SESSION

S. 1720

To amend title VII of the Public Health Service Act to provide improved training and primary care.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 25, 2009

Mr. REED (for himself and Mr. LEAHY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend title VII of the Public Health Service Act to provide improved training and primary care.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Professions and
5 Primary Care Reinvestment Act”.

6 **SEC. 2. EDUCATION AND TRAINING FOR DELIVERY SYSTEM** 7 **REFORM.**

8 (a) MEDICAL HOME TRAINING.—Section 747(a) of
9 the Public Health Service Act (42 U.S.C. 293k(a)) is
10 amended—

1 (1) in paragraph (5), by striking “and” at the
2 end;

3 (2) in paragraph (6), by striking the period and
4 inserting “; and”; and

5 (3) by inserting after paragraph (6) the fol-
6 lowing:

7 “(7) to plan, develop, and operate a demonstra-
8 tion program that provides training in new com-
9 petencies, as recommended by the Advisory Com-
10 mittee on Training in Primary Care Medicine and
11 Dentistry, which may include—

12 “(A) providing training to primary care
13 providers relevant to providing care through pa-
14 tient-centered medical homes (as defined by the
15 Secretary for purposes of this paragraph, tak-
16 ing into account the criteria of the National
17 Committee for Quality Assurance and other cer-
18 tifying entities);

19 “(B) developing tools and curricula rel-
20 evant to patient-centered medical homes; and

21 “(C) providing continuing education rel-
22 evant to patient-centered medical homes.”.

23 (b) PRIORITIES OF DELIVERY SYSTEM REFORM.—
24 Section 747 of the Public Health Service Act (42 U.S.C.

1 293k) is amended by striking subsection (c) and inserting
2 the following:

3 “(c) PRIORITIES IN MAKING AWARDS.—In awarding
4 grants or contracts under this section, the Secretary shall
5 give priority to qualified applicants that—

6 “(1) have a record of training the greatest per-
7 centage of providers, or that have demonstrated sig-
8 nificant improvements in the percentage of providers
9 trained, who enter and remain in primary care prac-
10 tice;

11 “(2) have a record of training individuals who
12 are from underrepresented minority groups or from
13 a rural or disadvantaged background;

14 “(3) provide training in the care of vulnerable
15 populations such as children, older adults, homeless
16 individuals, victims of abuse or trauma, individuals
17 with mental health or substance-related disorders,
18 individuals with HIV/AIDS, and individuals with
19 disabilities;

20 “(4) establish formal relationships and submit
21 joint applications with federally qualified health cen-
22 ters, rural health clinics, area health education cen-
23 ters, or clinics located in underserved areas or that
24 serve underserved populations;

1 “(5) provide training in interdisciplinary, inte-
 2 grated care through collaboration among health pro-
 3 fessionals, including physician assistants, nurse
 4 practitioners, pharmacists, dentists, geriatricians,
 5 and mental and behavioral health professionals;

6 “(6) provide training in enhanced communica-
 7 tion with patients, evidence-based practice, chronic
 8 disease management, preventive care, health infor-
 9 mation technology, or other competencies as rec-
 10 ommended by the Advisory Committee on Training
 11 in Primary Care Medicine and Dentistry; or

12 “(7) provide training in cultural competency
 13 and health literacy.”.

14 (c) OTHER AMENDMENTS.—Section 747 of the Pub-
 15 lic Health Service Act (42 U.S.C. 293k) is amended—

16 (1) in subsection (d)—

17 (A) by striking “subsection (a) may not ex-
 18 ceed” and inserting “this section shall be”; and

19 (B) by striking the second sentence; and

20 (2) by striking subsection (e) and inserting the
 21 following:

22 “(e) AUTHORIZATION OF APPROPRIATIONS.—For
 23 purposes of carrying out this section, there are authorized
 24 to be appropriated \$125,000,000 for each of fiscal years
 25 2010 through 2014. Fifteen percent of the amount appro-

1 priated in each such fiscal year shall be allocated to the
 2 physician assistant training programs described in sub-
 3 section (a)(5), which prepare students for practice in pri-
 4 mary care.”.

5 **SEC. 3. HEALTH WORKFORCE INFORMATION AND ANAL-**
 6 **YSIS.**

7 (a) IN GENERAL.—Section 761 of the Public Health
 8 Service Act (42 U.S.C. 294m) is amended—

9 (1) by redesignating subsection (c) as sub-
 10 section (e);

11 (2) by striking subsection (b) and inserting the
 12 following:

13 “(b) NATIONAL CENTER FOR HEALTH WORKFORCE
 14 ANALYSIS.—

15 “(1) ESTABLISHMENT.—The Secretary shall es-
 16 tablish the National Center for Health Workforce
 17 Analysis (referred to in this section as the “National
 18 Center”) within the Department of Health and
 19 Human Services.

20 “(2) PURPOSES.—The purposes of the National
 21 Center are to—

22 “(A) carry out the activities under section
 23 792(a); and

24 “(B) collect, analyze, and report data re-
 25 lated to health workforce issues in coordination

1 with the State and Regional Centers for Health
2 Workforce Analysis described in subsection (c)
3 (referred to in this section as the “State and
4 Regional Centers”).

5 “(3) FUNCTIONS.—The National Center shall—

6 “(A) annually evaluate the effectiveness of
7 programs under this title, based on data re-
8 ported by recipients of contracts or grants
9 under this title, data collected from the State
10 and Regional Centers described in subsection
11 (c), and analyses conducted under paragraph
12 (4);

13 “(B) develop and publish benchmarks for
14 performance for programs under this title;

15 “(C) regularly produce and report to the
16 relevant committees of Congress estimates of
17 the supply, demand, and distribution of health
18 professionals, such as physicians, dentists,
19 nurses, physician assistants, pharmacists, men-
20 tal and behavioral health professionals, public
21 health workers, and long-term care workers, as
22 appropriate;

23 “(D) establish, maintain, and make pub-
24 licly available through the Internet a national

health workforce database to collect data
from—

“(i) longitudinal tracking systems (as
defined in section 761(d)(2)) on perform-
ance measures (as developed under sec-
tions 748(d)(3), 756(d)(3), and 762(a)(3));
and

“(ii) the State and Regional Centers
described in subsection (c);

“(E) establish and maintain a registry of
each grant awarded under this title, including
data on the project director, the institution, the
type and year of the award, and the residency,
fellowship, or internship program, as appro-
priate; and

“(F) biennially submit to the relevant com-
mittees of Congress a report on the activities of
the National Center during the previous 2-year
period.

“(4) COLLABORATION AND DATA SHARING.—

“(A) IN GENERAL.—The National Center
shall collaborate with Federal agencies, health
professions education organizations, health pro-
fessions organizations, and professional medical
societies for the purpose of linking data regard-

1 ing grants awarded under this title with 1 or
 2 more of the following:

3 “(i) Data maintained by the Centers
 4 for Medicare & Medicaid Services.

5 “(ii) Data on participation in the Na-
 6 tional Health Service Corps.

7 “(iii) Data sets maintained by health
 8 professions education organizations, health
 9 professions organizations, or professional
 10 medical societies.

11 “(iv) Other data sets, as the Secretary
 12 determines appropriate.

13 “(B) CONTRACTS FOR HEALTH WORK-
 14 FORCE ANALYSIS.—For the purpose of carrying
 15 out the activities described in subparagraph
 16 (A), the National Center may enter into con-
 17 tracts with health professions education organi-
 18 zations, health professions organizations, or
 19 professional medical societies.

20 “(c) STATE AND REGIONAL CENTERS FOR HEALTH
 21 WORKFORCE ANALYSIS.—

22 “(1) IN GENERAL.—The Secretary shall award
 23 grants to, or enter into contracts with, eligible enti-
 24 ties for purposes of—

1 “(A) collecting, analyzing, and reporting to
2 the National Center data regarding programs
3 under this title and data related to health work-
4 force issues;

5 “(B) conducting, broadly disseminating,
6 and making publicly available through the
7 Internet research and reports on State, re-
8 gional, and national health workforce issues, in-
9 cluding research on the supply, demand, and
10 distribution of health professionals;

11 “(C) evaluating the effectiveness of pro-
12 grams under this title and other policies related
13 to health workforce issues; and

14 “(D) providing technical assistance to local
15 and regional entities on the collection, analysis,
16 and reporting of data related to health work-
17 force issues.

18 “(2) ELIGIBLE ENTITIES.—To be eligible for a
19 grant or contract under this subsection, an entity
20 shall—

21 “(A) be a State, a State workforce com-
22 mission, a public health or health professions
23 school, an academic health center, or an appro-
24 priate public or private nonprofit entity or a
25 partnership of such entities; and

1 “(B) submit to the Secretary an applica-
 2 tion at such time, in such manner, and con-
 3 taining such information as the Secretary may
 4 require.

5 “(d) INCREASE IN GRANTS FOR LONGITUDINAL
 6 TRACKING SYSTEMS.—

7 “(1) IN GENERAL.—The Secretary shall in-
 8 crease the amount of a grant or contract awarded to
 9 an eligible entity under this title for the establish-
 10 ment and maintenance of a longitudinal tracking
 11 system.”.

12 “(2) DEFINITION.—

13 “(A) IN GENERAL.—For purposes of para-
 14 graph (1), the term ‘longitudinal tracking sys-
 15 tem’ means a system that tracks students, resi-
 16 dents, fellows, interns, or faculty who have re-
 17 ceived education, training, or financial assist-
 18 ance from programs under this title over a pe-
 19 riod of not less than 5 years, as specified by the
 20 Secretary.

21 “(B) CAPABILITY.—A longitudinal track-
 22 ing system shall be capable of—

23 “(i) tracking participation in the Na-
 24 tional Health Service Corps, practice in
 25 federally qualified health centers, practice

1 in health professional shortage areas and
 2 medically underserved areas, and practice
 3 in primary care; and

4 “(ii) collecting and reporting data on
 5 performance measures developed under
 6 sections 748(d)(3), 756(d)(3), and
 7 762(a)(3).

8 “(C) GUIDELINES.—A longitudinal track-
 9 ing system shall comply with guidelines issued
 10 under sections 748(d)(4), 756(d)(4), and
 11 762(a)(4).

12 “(3) ELIGIBLE ENTITIES.—To be eligible to ob-
 13 tain an increase under this section, an entity shall
 14 be a recipient of a grant or contract under this title
 15 and have not previously received an increase under
 16 this section.”; and

17 (3) in subsection (e), as so redesignated—

18 (A) by striking paragraph (1) and insert-
 19 ing the following:

20 “(1) IN GENERAL.—

21 “(A) NATIONAL CENTER FOR HEALTH
 22 WORKFORCE ANALYSIS.—To carry out sub-
 23 section (b), there are authorized to be appro-
 24 priated \$1,000,000 for each of fiscal years

1 2010 through 2014, and such sums as may be
2 necessary for each subsequent fiscal year.

3 “(B) STATE AND REGIONAL CENTERS.—
4 To carry out subsection (c), there are author-
5 ized to be appropriated \$4,500,000 for each of
6 fiscal years 2010 through 2014, and such sums
7 as may be necessary for each subsequent fiscal
8 year.

9 “(C) GRANTS FOR LONGITUDINAL TRACK-
10 ING SYSTEMS.—To carry out subsection (d),
11 there are authorized to be appropriated such
12 sums as may be necessary for fiscal years 2010
13 through 2014.

14 “(D) CARRYOVER FUNDS.—An entity that
15 receives an award under this section may carry
16 over funds from 1 fiscal year to another without
17 obtaining approval from the Secretary. In no
18 case may any funds be carried over pursuant to
19 the preceding sentence for more than 3 years.”;
20 and

21 (B) in paragraph (2), by striking “sub-
22 section (a)” and inserting “paragraph (1)”.

23 (b) TRANSFER OF FUNCTIONS.—Not later than 180
24 days after the date of enactment of this Act, all of the
25 functions, authorities, and resources of the National Cen-

1 ter for Health Workforce Analysis of the Health Resources
 2 and Services Administration, as in effect on the date be-
 3 fore the date of enactment of this Act, shall be transferred
 4 to the National Center for Health Workforce Analysis es-
 5 tablished under section 761 of the Public Health Service
 6 Act, as amended by subsection (a).

7 (c) PREFERENCE FOR USE OF LONGITUDINAL
 8 TRACKING SYSTEMS.—Section 791(a)(1) of the Public
 9 Health Service Act (42 U.S.C. 295j(a)(1)) is amended—

10 (1) in subparagraph (A), by striking “or” at
 11 the end;

12 (2) in subparagraph (B), by striking the period
 13 and inserting “; or”; and

14 (3) by adding at the end the following:

15 “(C) utilizes a longitudinal tracking system
 16 (as defined in section 761(d)(2)) and reports
 17 data from such system to the national work-
 18 force database (as established under section
 19 761(b)(3)(D)).”.

20 (d) PERFORMANCE MEASURES; GUIDELINES FOR
 21 LONGITUDINAL TRACKING SYSTEMS.—

22 (1) ADVISORY COMMITTEE ON TRAINING IN PRI-
 23 MARY CARE MEDICINE AND DENTISTRY.—Section
 24 748(d) of the Public Health Service Act (42 U.S.C.
 25 293l(d)) is amended—

1 (A) in paragraph (1), by striking “and” at
2 the end;

3 (B) in paragraph (2), by striking the pe-
4 riod and inserting a semicolon; and

5 (C) by adding at the end the following:

6 “(3) not later than 3 years after the date of en-
7 actment of the Health Professions and Primary Care
8 Reinvestment Act, develop, publish, and implement
9 performance measures, which shall be quantitative to
10 the extent possible, for programs under this part;

11 “(4) develop and publish guidelines for longitu-
12 dinal tracking systems (as defined in section
13 761(d)(2)) for programs under this part; and

14 “(5) recommend appropriation levels for pro-
15 grams under this part.”.

16 (2) ADVISORY COMMITTEE ON INTERDISCIPLI-
17 NARY, COMMUNITY-BASED LINKAGES.—Section
18 756(d) of the Public Health Service Act (42 U.S.C.
19 294f(d)) is amended—

20 (A) in paragraph (1), by striking “and” at
21 the end;

22 (B) in paragraph (2), by striking the pe-
23 riod and inserting a semicolon; and

24 (C) by adding at the end the following:

1 “(3) not later than 3 years after the date of en-
 2 actment of the Health Professions and Primary Care
 3 Reinvestment Act, develop, publish, and implement
 4 performance measures, which shall be quantitative to
 5 the extent possible, for programs under this part;

6 “(4) develop and publish guidelines for longitu-
 7 dinal tracking systems (as defined in section
 8 761(d)(2)) for programs under this part; and

9 “(5) recommend appropriation levels for pro-
 10 grams under this part.”.

11 (3) ADVISORY COUNCIL ON GRADUATE MEDICAL
 12 EDUCATION.—Section 762(a) of the Public Health
 13 Service Act (42 U.S.C. 294o(a)) is amended—

14 (A) in paragraph (1), by striking “and” at
 15 the end;

16 (B) in paragraph (2), by striking the pe-
 17 riod and inserting a semicolon; and

18 (C) by adding at the end the following:

19 “(3) not later than 3 years after the date of en-
 20 actment of the Health Professions and Primary Care
 21 Reinvestment Act, develop, publish, and implement
 22 performance measures, which shall be quantitative to
 23 the extent possible, for programs under this title, ex-
 24 cept for programs under part C or D;

1 “(4) develop and publish guidelines for longitu-
2 dinal tracking systems (as defined in section
3 761(d)(2)) for programs under this title, except for
4 programs under part C or D; and

5 “(5) recommend appropriation levels for pro-
6 grams under this title, except for programs under
7 part C or D.”.

○